

Clarkston Community Schools
Transportation Department
Request for Alternate Bus - **2022-2023**

Please fill out the form completely, to ensure there is no delay in processing. Complete one form for each school building. **PLEASE PRINT.**

Date: _____ School _____ Present route: _____

Stop: _____

I hereby request permission and accept responsibility for my/our children listed below to be granted the following transportation change for pick up and/or delivery.

Name of student/s:

Name of parent/guardian:

Phone number you can be reached at:

REASON:

- Day Care**
- Riding to/home with fellow student (EMERGENCY ONLY)**
- Shared Custody**
- Assisting at other district building**
- Other**
- CCS employee**

Check one:

- AM** **PM** **Both**

Alternate bus stop: _____

Alternate address: _____

Building name: _____

Parent/Guardian Signature: _____

Admin/Admin Assistant Signature: _____

For Office use only:

_____ Route _____ Driver _____ File _____ Stop ID _____ Building _____ Per phone call-initial